Plainview-Old Bethpage Central School District

Administrative Annex
33 Bedford Road, Plainview, NY 11803
Pupil Personnel Services

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CONSENT TO EXCHANGE AND DISCLOSE MEDICAL RECORDS AND INFORMATION

I _____, parent of _____, a student in the Plainview-Old Bethpage Central School District, hereby authorize the Plainview-Old Bethpage Central School District, its employees, staff and/or agents to disclose, discuss and exchange medical information and records regarding my child _____ to and with _____ (provider name) as needed for medical/educational purposes.

Provider Phone: _____ Provider Fax: _____

_____ _____
Date Parent Name

_____
Parent Signature

_____
Relationship to Student